



Step 1: Access the VCF Claims Management System

Go to: <https://www.claims.vcf.gov/welcome.aspx> or click on “Account Log in” from the home page on the www.vcf.gov website.

You will be directed to the Login screen where you can create a new account. **Click on “Create Account”**.

The screenshot shows the website header with the text "September 11th Victim Compensation Fund" and a navigation bar with links for "CREATE ACCOUNT", "RESET PASSWORD", "HELP", and "LOGIN". Below the navigation bar, there is a breadcrumb trail: "You are here: [Login](#)". To the right of the breadcrumb trail, the "Create Account" link is circled in red, and a red arrow points to a yellow box with the text "Click 'Create Account'". Below the breadcrumb trail, there is a "Create Account" link and a "Login" link. The main content area is titled "Account Login" and contains two input fields: "Username:" and "Password:". Below the input fields is a "Login" button. At the bottom of the page, there is a "Notice to Users" section with the following text: "You are accessing a U.S. Government information system. Information system usage may be monitored, recorded, and subject to audit. Unauthorized use of the information system is prohibited and subject to criminal and civil penalties. Use of the information system indicates consent to monitoring and recording." Below the notice, there is a link to "privacy policies". At the very bottom of the page, there is a footer with the following text: "September 11th Victim Compensation Fund | DOJ Home | Legal Policies | Privacy | FOIA | Paperwork Reduction Act | Site Map".



Step 2: Create your Account

Begin by creating your User Name. It is recommended that you use your email address as your User Name.

- Enter your preferred User Name in the blank field.
- Click on **“Check User Name Availability.”** Since the system does not allow duplicate User Names, this will confirm whether or not the User Name you selected is available. If it is not, the system will prompt you to try a different User Name.
- If your User Name is available, you will see a message in blue below the User Name box that states, “User Name is available. Continue below to create account.”
- Be sure to **read the disclosure statement and click in the little box** to show your agreement.

September 11th
Victim Compensation Fund

CREATE ACCOUNT RESET PASSWORD HELP LOGIN

You are here: [Create Account](#) [Create Account](#) | [Login](#)

Account Creation

***Note:** All fields marked with an asterisk (*) are required.
(Registration may take several seconds. After clicking the Availability button please wait until the system responds.)

We recommend using your email address.

*User Name:

I have read and agree to the disclosure listed below
the Department of Justice is authorized to collect this information by the September 11th Victim Compensation Fund of 2001, Title IV of Public Law 107-42, Air Transportation Safety and System Stabilization Act, 49 U.S.C. § 40101 note, as amended by the James Zadroga 9/11 Health and Compensation Act of 2010, Title II of Public Law 111-347. The information you submit is for official use by the U.S. Department of Justice for the purposes of determining your eligibility for and the amount of compensation you may receive under any claim you may choose to submit to the Victim Compensation Fund. Provision of this information is voluntary. Information you submit may be disclosed by the Government only in accordance with the provisions of the Privacy Act.

I authorize the U.S. Department of Justice to disclose any records or information relating to my Victim Compensation Fund claim for the purpose of determining qualification and/or compensation of my claim to: agency contractors assisting in the administration of the Victim Compensation Fund; other federal, state, or local agencies, including the Department of Treasury and NIOSH; and other individuals or entities having information related to the claim, such as physicians, medical service providers, insurers, and employers. Failure to acknowledge and agree to the disclosure of your records will prevent the U.S. Department of Justice from moving forward with your claim.

[September 11th Victim Compensation Fund](#) | [DOJ Home](#) | [Legal Policies](#) | [Privacy](#) | [FOIA](#) | [Paperwork Reduction Act](#) | [Site Map](#)



- e. Scroll down the page to complete your account setup by creating your password and answering questions that will allow you to recover your password in case you forget it in the future. Be sure to complete all of the fields on this screen as they are all required.



TIP: When answering the Password Recovery questions, be careful to remember the exact way in which you type the answers. If you ever need them in the future to recover your password, they are case-sensitive and must be answered exactly the way they are entered in this screen.

- f. In the red box at the bottom, **enter the code as shown on the screen.**
- g. **Click “Create Account”** at the bottom to complete your account setup.

Required Information

*First Name:

*Last Name:

*Email Address:

*Confirm Email Address:

Password Information

You must enter a password that meets the following criteria. Passwords are case-sensitive.

1. Password must be at least 12 characters in length
2. Password may not contain your User Name
3. Password must contain 3 or more of the following types of characters
 - a. At least 1 uppercase character
 - b. At least 1 lowercase character
 - c. At least 1 number
 - d. At least 1 special character such as !, @, #, \$, %, or ~

*Password:

*Confirm Password:

Password Recovery Information

You must select and answer 5 password recovery questions. To retrieve a forgotten password, you will be required to know the answer to 2 of 5 questions.

*Question 1:

*Question 2:

*Question 3:

*Question 4:

*Question 5:

TIP: Enter the “code” exactly as you see it on the screen. If you have trouble seeing the letters or numbers, click on the circle with the arrows to request a new code. You can click on the circle as many times as needed to find one that you can read and enter.

Click on “Create Account” once all of the information is complete

[DQJ Home](#) |
 [Legal Policies](#) |
 [Privacy](#) |
 [FOIA](#) |
 [Paperwork Reduction Act](#) |
 [Site Map](#)

You will be taken to the VCF Welcome page.



Step 3: Begin your Registration

- a. Read the welcome message.
- b. Scroll down to the section titled **“What is the Registration Process”** and click on the **“Claimant Registration”** link in the middle of the screen. You may also click on the **“Claimant Registration”** button on the main menu.

HOME CLAIMANT REGISTRATION CLAIMS PROCESS CLAIMANT SEARCH HELP UPDATE PROFILE ?

You are here: [Home](#) Welcome **TesterTest** | [Update Profile](#) | [Logout](#)

Welcome to the September 11th Victim Compensation Fund Claims Process

Please note that on November 30, the online claim form was updated to include the list of cancers that were added to the list of WTC-related health conditions in October 2012. If you have already submitted an Eligibility claim form and would like to add cancer to your list of claimed conditions, please follow the instructions provided in [FAQ #3.21](#) on the VCF website. If you are still in the process of completing your online claim, all of the information you previously entered into the form will be automatically included in the new version. When you first access your claim after November 30, you will be taken to the beginning of the form so that you can carefully review all of the information you previously entered as you work through the remaining parts of the form.

For updated news and announcements about the Victim Compensation Fund, please refer to WHAT'S NEW on the [September 11th Victim Compensation Fund](#) general website.

A Message from the Special Master of the September 11th Victim Compensation Fund

I am pleased to announce that the VCF is accepting claims applications. The application process requires three steps. First, you must register online with the VCF. Once you have registered online, you may use your account to complete the Eligibility Form and the Compensation Form. The Eligibility Form is the first section of the claim form and will be used to determine whether you are eligible for compensation through the VCF. The VCF will determine your eligibility before reviewing the Compensation Form. Therefore, while you may fill out the Compensation Form at any time after completing the Eligibility Form, you are not required to do so until after the VCF has informed you that you are eligible. For detailed information on the claims process, please review the Frequently Asked Questions (FAQs) posted below.

I am excited that the VCF is up and running, and look forward to receiving your claims.

Yours,
Sheila

What is the Registration Process?

The registration process is the first step in the claims process and is designed to collect basic information about the potential Claimant (and the Claimant's representative, if applicable) and his/her claim.

In the registration process, you will be asked to provide basic information on (i) the Claimant who was injured or harmed, or the deceased individual who died as a result of the air crashes of September 11, 2001 or the subsequent debris removal, (ii) if applicable, the authorized guardian or representative who will be filing the claim on behalf of the injured or deceased individual (such as the parent or guardian of a minor child or the Personal Representative of a deceased individual), and (iii) if applicable, the attorney or other individual who is assisting the Claimant or authorized representative. In addition, the registration form requests basic information about the status of the Claimant, including the Claimant's "presence" at a 9/11 crash site during the period between September 11, 2001 and May 30, 2002.

This registration process does not create a claim and you do not waive any rights by registering. By submitting the information requested, you will be registering with the VCF either as a potential Claimant or a representative of a potential Claimant, but you will not be making an official claim to the VCF. This registration process helps the VCF effectively manage resources.

Click [Claimant Registration](#) menu item above to begin the registration process

How Do I Complete the Eligibility Form?

If you decide to proceed with filing a claim with the VCF online, you must first register. You may then use the account you set up in the registration process to get access to and then complete the Eligibility Form. The Eligibility Form includes some of the same questions that you answered in the registration process. The information that you provided when registering will be saved so that you do not have to enter it a second time, but if you need to change your answers, you may do so. If you are filing a hard copy claim form by mail, you do not need to register online.



Step 4: Provide Information about the Claimant

You will now be taken to the Claimant Registration “Initial Questions” page.

- a. In **Section 1**, you must provide a response to at least one question.
- b. In **Section 2**, you must answer the required questions as shown with a **red asterisk (*)**. Please note that your answer to the question “Is the Claimant deceased?” cannot be changed once you submit your registration. You can click on the link “[Information and Instructions: Claims Filed on behalf of Deceased Individuals](#)” for more detailed information and instructions for claims filed for deceased individuals.
- c. Once you have answered all of the questions on this screen, **click “Save and Continue.”**

Initial Questions | Claimant Information | Authorized Representative | Attorney or Other Authorized Individual

OMB Control Number: 1105-0092
Expiration Date: 07/31/2015

What is the definition of a “Responder” for purposes of the Registration?

A “Responder” is defined as an individual who performed rescue, recovery, demolition, debris cleanup or other related services in the area in the NYC Exposure Zone (defined below), at the Pentagon site or at the Shanksville, PA site, in response to the September 11, 2001 terrorist attacks, regardless of whether the individual was a state or federal employee or member of the National Guard or performed the services in some other capacity. Therefore, you may be considered a Responder even if you performed the listed services through a private employer or on a volunteer basis.

What is the “NYC Exposure Zone” for purposes of the Registration?

For purposes of the Registration, the NYC Exposure Zone is defined to include:

- the area in Manhattan south of the line that runs along Canal Street from the Hudson River to the intersection of Canal Street and East Broadway, north on East Broadway to Clinton Street, and east on Clinton Street to the East River; and
- any area related to or along the routes of debris removal, such as barges and Fresh Kills landfill

SECTION 1
These questions ask about your presence from September 11, 2001 to May 30, 2002. You must provide a response to at least one question in Section 1

Was the Claimant a Responder within the NYC Exposure Zone?

Was the Claimant a Responder at the Pentagon site?

Was the Claimant a Responder at the Shanksville, PA site?

Does the Claimant claim presence at the site based on residence within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) cleaning buildings or performing maintenance work within the NYC Exposure Zone?

Did the Claimant work (as a non-Responder) within the NYC Exposure Zone in a capacity other than cleaning buildings or performing maintenance work?

Did the Claimant attend a school, a child care or adult care facility within the NYC Exposure Zone?

Was the Claimant present within the NYC Exposure Zone in some other capacity (e.g., as a visitor)?

Was the Claimant present at the Pentagon site (as a non-Responder)?

SECTION 2

Has the Claimant received treatment for the injury under the World Trade Center Health Program?

Did the Claimant previously file a claim with the original September 11th Victim Compensation Fund of 2001?

*Is the Claimant deceased?

[Information and Instructions: Claims filed on behalf of Deceased Individuals](#)

*What is your relationship to the Claimant?

LEGEND
 X Section Incomplete
 ⚠ Section Warning
 ✓ Section Completed

SECTION STATUS
 X Initial Questions - You must provide a response to at least one question in Section 1
 - Complete Section 2 - Is the Claimant deceased?
 - Complete Section 2 - What is your relationship to the Claimant?
 X Claimant Information
 X Authorized Representative
 X Attorney or Other Authorized Individual

Save and Continue

All fields marked with an asterisk (*) are required.
Once you submit your Eligibility Form or Compensation Form, only your contact information may be changed. Please contact the VCF with questions.

Click on “Save and Continue” once you have answered the required questions



TIP: Use the “Legend” and the “Section Status” box to see which sections have been completed and which ones still need to be completed.

A red X or yellow ⚠ in “Section Status” means the specific section is missing information. You can click on the “X” or the ⚠ and the section will expand to show you a list of the specific information that is missing. Click on the tab for the specific section at the top of the box to complete the missing information.



- d. You will now be taken to the “**Claimant Information**” page. Be sure to complete all of the **required fields** as shown with a **red asterisk (*)**.



TIP: The “Claimant” is the individual who suffered physical harm or has died as a result of the terrorist-related aircraft crashes of September 11, 2001, or the debris removal efforts that took place in the immediate aftermath. If you are filing a claim on someone else’s behalf, you should put their information in this section. You will provide your information in a later section of the form.

- e. Once you have answered the required questions, **click “Save and Continue”**.

Claimant Registration

Enter information about the claimant below or update a prior registration by selecting it from the list, when shown.

Initial Questions	Claimant Information	Authorized Representative	Attorney or Other Authorized Individual
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GENERAL CLAIMANT INFORMATION

*Claimant's Last Name

*First Name Middle Name

*Mailing Address

Apartment/Suite Number

*Country *State

*City *Zip/Postal Code

*Date of Birth

Email Address

*You must provide at least one telephone number

Telephone Number (Home) Telephone Number (Work)

Telephone Number (Mobile)

*Country of Citizenship Social Security Number or National ID Number

*Passport Country (if not U.S.) Passport Number (if not U.S. and if available)

All fields marked with an asterisk (*) are required

Click on “Save and Continue” once you have answered all the questions marked with a *

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Step 5: Provide Information about your Authorized Representative (if applicable)

You will now be taken to the “Authorized Representative” page.

If you are the Claimant, click “Not Applicable” on the “Authorized Representative” screen and then click “Save and Continue” at the bottom of the screen.

If you are a Parent, Guardian or Personal Representative submitting this form on the Claimant’s behalf, indicate your relationship to the Claimant by selecting from the listed options. You will then be prompted for additional information such as your name and contact information. Be sure to complete all of the **required fields** as shown with a **red asterisk (*)** and click “Save and Continue” at the bottom of the screen.



TIP: If you are an individual who has been authorized by the Claimant to communicate with the VCF on the Claimant’s behalf, but you are **not** a legal guardian, parent, or Personal Representative, you should not complete this section but should enter your information on the “Attorney or Other Authorized Individual” section on the next page.

If you are an attorney completing this form on the Claimant’s or Authorized Representative’s behalf, you will have the opportunity to provide your information on the next page.

What type of Authorize Representative am I?

- **Personal Representative:** The individual authorized to submit a claim on behalf of a deceased individual. This is normally the individual who is appointed by a court of competent jurisdiction as either the Personal Representative of the Decedent's will or estate; the Executor of the Decedent's will; or the Administrator of the Decedent's estate.
- **Authorized Individual:** The individual who has been authorized by the Claimant to communicate with the VCF about the claim. This may be a family member, friend, or other trusted individual.
- **Legal Representative:** The attorney who has been retained by the Claimant to serve as his or her legal representative for purposes of the VCF claim.



Step 6: Provide Information about your Attorney (if applicable)

You will now be taken to the “Attorney or Other Authorized Individual” page.

If you are not represented by an attorney for your VCF claim or do not want to authorize the VCF to speak with anyone else about your claim, click “Not Applicable” on the “Attorney or Other Authorized Individual” screen and then click “Save and Continue” at the bottom of the screen.

If you are an attorney completing this form on the Claimant’s or Authorized Representative’s behalf, click “Attorney”, complete all of the **required fields** as shown with a **red asterisk (*)** and then click “Save and Continue” at the bottom of the screen.

If you are an individual who the Claimant would like to authorize to communicate with the VCF about the claim, click “Other Individual”, complete all of the **required fields** as shown with a **red asterisk (*)** and then click “Save and Continue” at the bottom of the screen.

Select from the list only if applicable; otherwise, choose “Not Applicable”

Click on “Save and Continue”

LEGEND
 X Section Incomplete
 ⚠ Section Warning
 ✓ Section Completed

SECTION STATUS
 X Initial Questions
 X Claimant Information
 X Authorized Representative
 X Attorney or Other Authorized Individual
 - Last Name Missing
 - First Name Missing
 - Address Missing
 - City Missing
 - State/Province Missing
 - Country Missing
 - Zip/Postal Code Missing
 - Telephone Number Missing

INFORMATION ABOUT THE CLAIMANT’S ATTORNEY OR ALTERNATE CONTACT PERSON (IF APPLICABLE)

If an attorney or other authorized individual is assisting the Claimant, please check the applicable box and fill out the information below:

Not Applicable
 Attorney
 Other Individual

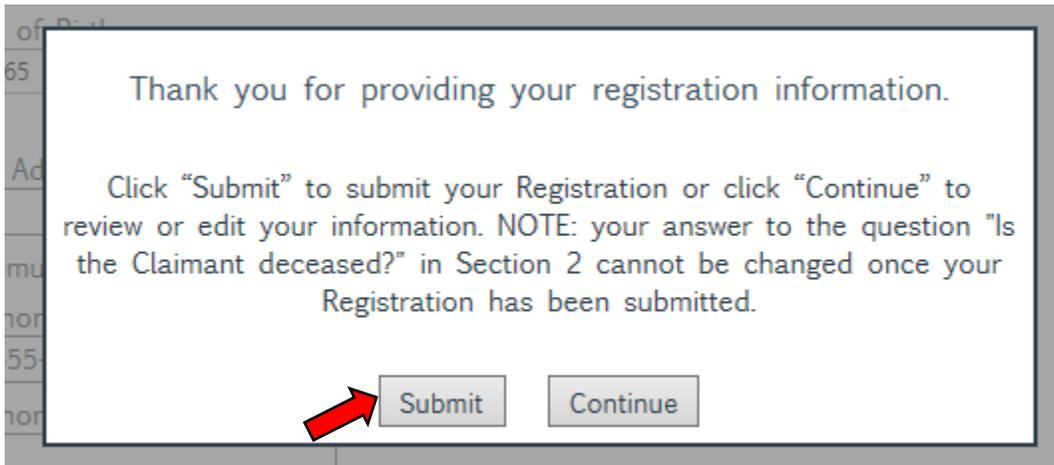
Once you submit your Eligibility Form or Compensation Form, only your contact information may be changed. Please contact the VCF with questions.



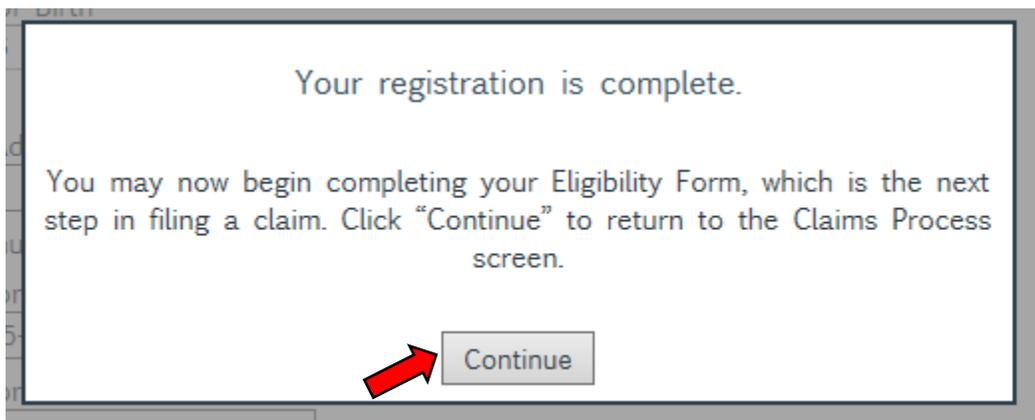
Step 7: Submit your Registration

When you click “Save and Continue” from the “Attorney or Other Authorized Individual” screen, you will be prompted to submit your registration.

Read the text in the box and **click “Submit”** to submit your Registration. If you are not ready to submit and need to review the information or make any corrections, **click “Continue” to edit the Registration.**



After clicking “Submit”, the following message will appear:



Click “Continue” and you will be taken to the Claims Process screen.



You will see on this screen your **VCF Claim Number** (also called a “Case Number”) and a Registration Status of “Submitted”. Your registration status confirms you have submitted the required information to register with the VCF.



NOTE: Registration is NOT the same as submitting your claim and the VCF does not take any action based on your Registration. You must submit your Eligibility Form (the next step in the claim filing process) before the VCF will review your information.

September 11th
Victim Compensation Fund

HOME CLAIMANT REGISTRATION CLAIMS PROCESS CLAIMANT SEARCH HELP UPDATE PROFILE ?

You are here: [Claims Process](#) Welcome [Update Profile](#) | [Logout](#)

Claims Process

Claimants Related to this Account

- Click on the Case Number link to review the details of the claim.
- Click on the Registration Status link that is associated to the Case Number to make changes for the Registration.
- Click on the Eligibility Status link that is associated to the Case Number to start your eligibility or to make any changes.
- Click on Print Form link to generate the entire claim form in PDF format.

Number of Results Per Page: 10

Case Number	Last Name	First Name	Registration Status	Eligibility Status	Compensation Status	Print Form
VCF0008872			Submitted	Start	n/a	Print Form

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You may logout at the top of the screen or click on “Start” to begin your online Eligibility Form.